YOUTH PROGRAM SCHOLARSHIP APPLICATION

Administered by the Wellsville United Methodist Church

_____
(Name)

_____
(Date of Application)

_____
(Address)

_____
(Name of program you plan to attend)

_____
(City, State, Zip Code)

_____
(Phone Number)

Please answer the following questions:

1. Describe why you want to attend this program.

2. What benefits do you expect to receive from this program?

Thank you for your interest. Please submit your application to the Scholarship Committee through the Pastor or the Church office.